POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*XL*	69861	9/28
O.I.P.E. CLASSIFIER		10	10-5-00
FORMALITY REVIEW		*CMPM*	11-14-00
RESPONSE FORMALITY REVIEW		64477	1-4-01

INDEX OF CLAIMS

✔	...... Rejected		N	......	Non-elected
=	...... Allowed		I	......	Interference
–	(Through numeral)... Canceled		A	......	Appeal
÷	...... Restricted		O	......	Objected

Final	Original	9/21/xx	Date							
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If more than 150 claims or 10 actions
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